



State of Nebraska
HHSR&L Credentialing Division, Nursing and Nursing Support
P.O. Box 94986 - Lincoln, NE 68509-4986
Telephone: (402) 471-4376

RENEWAL NOTICE

Your **certificate as a CRNA expires October 31, 2006**. The renewal fee of **\$30/\$32 (see column at right)** and this document must be postmarked on or before **October 31, 2006** to avoid a late fee of \$25.00.

CERTIFICATE #

**TWO YEAR
RENEWAL**

YOU MUST CHECK A BOX BELOW:

- ☐ **ACTIVE** \$30.00 if you hold an active Nebraska RN license
- ☐ **ACTIVE** \$32.00 if you hold an active multi-state RN license in another compact state
- ☐ **LAPSED** No Fee

Name & Address Changes: If your name has changed, you must submit a photocopy of marriage certificate, court order, etc. If not submitted, the certificate will be issued in the name we have on file. If you submitted this information for your RN license, you do not need to resubmit it for your CRNA certificate.

Internet: All Nebraska Licensing Information is public information, and is now on the Internet under <http://www.hhs.ne.gov/crl/crlindex.htm>

Make Checks Payable to: CREDENTIALING DIVISION - SUBMIT FEE, THIS ENTIRE DOCUMENT AND A COPY OF YOUR CURRENT NATIONAL CERTIFICATION CARD IN THE ENCLOSED ENVELOPE OR TO THE ADDRESS AT THE TOP OF THIS PAGE.

Expired Certificate: You may not practice after your certificate has expired on 10/31/06. **If you continue to practice after your certificate has expired, you will be required to pay a fine of \$10.00 per day up to a maximum of \$1000.** Certificates not renewed or placed on lapsed status by your request will be automatically placed on lapsed status 30 days after the expiration date.

Definitions:

LAPSED means that you cannot practice nor represent yourself as a certified person. To change from lapsed to active status, you **MUST** reinstate your certificate. You will be required to meet the renewal requirements that are in effect at the time the status change is requested. (If you choose this option, you are not required to complete or sign the reverse side of this notice).

LATE PAYMENT PENALTY: If the renewal fee and/or this completed document are postmarked or submitted in person after the expiration date, a penalty fee of \$25.00 will be assessed. Certificates not renewed within 30 days following the expiration date will be placed on lapsed status.

YOU MUST COMPLETE THIS SECTION. If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete.

Primary State of Residence: Nebraska is a member of the Nurse Licensure Compact. **As a condition of licensure in a compact state, you are required to declare your primary state of residence.** If you declare NEBRASKA as your primary state of residence, you must hold a Nebraska multi-state RN license in addition to your Nebraska CRNA license. If you declare another COMPACT STATE as your primary state of residence, your Nebraska CRNA license will be issued based on your current RN licensure in another COMPACT STATE. If you declare a NON-COMPACT STATE as your primary state of residence, you must hold a Nebraska single-state RN license in addition to your Nebraska CRNA license.

On _____ (today's date) I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc. **Are you a Federal employee? Yes _____ No _____**

Nebraska is not a member of the Advanced Practice Nurse Licensure Compact. All advanced practice licenses/certificates issued in Nebraska are single-state licenses and only authorize you to practice in Nebraska.

Daytime Telephone Number: _____ Employer _____

You Must Answer the Following Questions:

If you fail to answer these questions, your renewal **will not be processed** and will be returned to you as incomplete. These questions relate to the time period since the last renewal of your certificate or during the time period since initial certification in Nebraska if such occurred within the last two years:

1	Have you been convicted of a misdemeanor or felony other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has your license/certificate in any profession in another state been revoked, suspended, limited, or disciplined in any manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	If you answered yes to #1 or #2, has this conviction or disciplinary action been previously reported to our office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to #1 or #2 and NO to #3 above, you must request the following documents be sent directly to this office. **If you submitted these documents with your Nebraska RN license renewal, you do not need to submit them with this renewal;**

- Official Court Record, which includes arrest record, charges and disposition
- If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required)
- A letter from you in which you explain the nature of the conviction
- If you are currently on court ordered probation, a letter from your probation officer addressing probationary conditions and your current status
- If your license/certificate in health care in another state has been revoked, suspended, limited, placed on probation, or disciplined in any way, an official copy of the disciplinary action, including charges and disposition. **If your nursing license/certificate was disciplined in Nebraska, you do not need to submit documents.**

NOTE: If at any time you are the subject of any criminal conviction or license/certificate disciplinary action, you are required to report the conviction/action to this department within 30 days following the conviction/action.

Affidavit of Continued Competency (You Must Complete This Section)

_____ My primary state of residence is a compact state other than Nebraska and I hold an active multi-state RN license in that state. **(If this applies to you, enclose a copy of your current multi-state RN license)**

In order to renew my Nebraska CRNA certificate, I attest that I meet the following requirement:

_____ I hold a current national certification **(enclose a copy of your current national certification card)**.

NOTE: All licensees/certificate holders are subject to a random audit of renewal requirements; therefore proof of having met the renewal requirements should be retained for seven years.

YOU MUST COMPLETE THIS CERTIFYING INFORMATION: I hereby certify that the information on this application is correct to the best of my knowledge.

Signature

Date